



Participant Waiver & Release

Participant:

I am fully aware of the specific dangers and risks inherent to my participation in the Mercer Island Summer Celebration 3 on 3 Challenge Basketball Tournament (“Tournament”), including possible physical injury, death or other physical, economic, or social consequences that may arise or result directly or indirectly from my participation. I am qualified, in good health, and in proper physical condition to participate in the Tournament. I agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Tournament. Being fully informed to these risks and in consideration of the privilege of participating in the Tournament, I hereby assume all risk of injury, damage and liability and waive any right of recovery from or to bring suit against the City of Mercer Island, its officials, agents, officers, volunteers, employees, any sponsors, advertisers, and the owner and lessors of the premises at which the Tournament takes place for any personal injury, property damage, expenses, death or other consequences arising out of or related to: (a) my voluntary participation in the Tournament, or (b) any good faith attempts by the City of Mercer Island to rescue or render aid to me in the event I am injured at the Tournament. I agree that if, despite this release, I or anyone on my behalf makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which it may incur as the result of such claim.

Participant Printed Name

Participant Signature

Date

Participant Address

Phone

Parent/Guardian (If Participant is under 18 years old):

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the entire foregoing waiver and release and discussed the same with the participant; and that I join in the waiver and release in its entirety, without reservation, granting full consent and authorization for the above named person to participate in the activity.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Address

Phone



3 On 3 Challenge Basketball Tournament Medical Information Form

Participant's Name _____ Emergency Phone _____

Age _____ Gender: Male Female

Address _____

City _____ State _____ Zip Code _____

Allergies _____

Chronic Illnesses _____

Glasses/Contact Lenses Worn: YES NO

Medications _____

Recent Injuries/Surgeries/Illnesses The City of Mercer Island should be aware of _____

PARENT RELEASE

As the parent or legal guardian, I authorize a licensed physician to examine the above named participant and in the event of an injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the City Mercer Island to send the above-named participant to the hospital or doctor most accessible in the event it appears he/she is in need of emergency medical attention.

Parent/Guardian Signature

Date

Must be signed in presence of Mercer Island Parks & Recreation Staff

STAFF: _____